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FOR SE OF FORM 24/48			

FEC Schedule E (Form 24/28) Rev. 09/2013

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>AMERICAN UNITY PAC INC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00523589	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Grapeseed Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 03 / 2016</b>	
Mailing Address <b>79 Madison Ave., 3rd Floor</b>		Amount <b>10000.00</b>	
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10016</b>	Transaction ID : <b>SE.5495</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 03 / 2016</b>
Purpose of Expenditure <b>IE-Coffman-Online Ads</b>		Category/Type <b>004</b>	
Name of Federal Candidate <b>COFFMAN, MICHAEL, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>06</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought <b>134897.52</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>10000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>25000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hoover, Margaret, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 03 / 2016**

Signature